

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013914
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1726

1. PLACE OF DEATH **FILED APR 26 1961**
 a. COUNTY **Jackson**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Kansas City** Length of stay in 1b **71 Yrs**
 c. CITY OR TOWN **Kansas City** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **3210 Penn** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last **Anna Martha Ostrander**
4. DATE OF DEATH Month Day Year **4 - 6 - 1961**

5. SEX **Female** **6. COLOR OR RACE** **White** **7. Married** **Never Married**
Widowed **Divorced** **8. DATE OF BIRTH** **9-16-1889** **9. AGE (last birthday)** **71**
IF UNDER 1 YEAR **IF UNDER 24 HR**
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**
10b. KIND OF BUSINESS OR INDUSTRY **Home** **11. BIRTHPLACE** (City and state or country) **Kansas City, Mo.**
12. CITIZEN OF WHAT COUNTRY **U S.A.**

13a. FATHER'S NAME **August Koehler** **13b. MOTHER'S MAIDEN NAME** **Elizabeth Wirthman**
14. NAME OF HUSBAND OR WIFE **William Ostrander**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No**
16. SOCIAL SECURITY NO. **None** **17. INFORMANT** **Wm. G. Ostrander - 3210 Penn K.C. Mo**
 Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Arteriosclerotic heart disease** **INTERVAL BETWEEN ONSET AND DEATH** **7/19/59**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____
 DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____
PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT **SUICIDE** **HOMICIDE**
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK **NOT WHILE AT WORK**
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____
20f. CITY, TOWN, OR LOCATION _____ **COUNTY** _____ **STATE** _____

21. I attended the deceased from **9/19/59** to **4/6/61** and last saw her alive on **4/6/61**
 Death occurred at **1210 P.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **(Degree or title)** **MD** **22b. ADDRESS** **808 So 15th Blue Springs Mo** **22c. DATE SIGNED** **4/6/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **23b. DATE** **4-10-1961** **23c. NAME OF CEMETERY OR CREMATORY** **Mt. Olivet Cemetery** **23d. LOCATION** (City, town, or county) **Kansas City, Missouri** (State)

24. FUNERAL DIRECTOR **ADDRESS** **Melody-McGilley-Eylar 20 W. Linwood** **25. DATE RECD. BY LOCAL REG.** **4-7-61** **26. REGISTRAR'S SIGNATURE** **Ruth Long**

K.C.11, Mo. (Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 SHOULD READ
 ITEM NO.

G. G. Leitch

Handwritten notes:
27
C. E. Dent
+ H. S. Bell
P. O. -
T. M. O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W^m H. Dent

Licensed Embalmer No. 05038

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.